

# HEROIN IN BASSETLAW

Report of the inquiry convened by John Mann MP

16<sup>th</sup> – 18<sup>th</sup> September 2002

## THE INQUIRY INTO HEROIN MISUSE IN BASSETLAW

This inquiry was called by John Mann MP to investigate the growing problem of heroin misuse in Bassetlaw and the measures being taken on all levels by the criminal justice system, treatment providers, and community schemes to deal with the epidemic. It seeks to establish that a pattern of heroin abuse peculiar to coalfield areas creates problems that current drugs policy has not yet addressed and makes recommendations to the Government on this basis.

## FOREWARD

We would like to thank the local community for the support that you have given us in our inquiry into heroin use. We have been deeply affected by the number of letters, phone calls and discussions we have had from all over the community.

Many of you have told us about the crime you have suffered. Pensioners burgled, shopkeepers put out of business, staff threatened and property stolen.

We have heard from many families; mothers whose sons have died from overdoses, fathers who are having to buy heroin to keep their daughters away from dealers, and even heroin users who have had to give their children up for adoption.

We have heard from the police, members of the health and prison services and also from many other sectors of the community.

We have heard incessant cries for help; from heroin users, from pensioners too scared to leave their homes, and from the families of heroin addicts.

We were aware of the attempts by some, even as we met, to sweep the issue of heroin addiction under the carpet. We cannot do this.

We were struck by the brilliance of some of the professionals working on our behalf in the police and health services. Given the resources and facilities to do their job properly, they would be far more effective.

This document is put out for consultation but it is also a call for action. We will continue to seek answers, but we will not wait in vain for action.

The situation in Bassetlaw is a shambles. We spend a fortune dealing with the costs of heroin related crime, of policing and imprisoning, yet we have no coherent treatment service to get people off this evil drug. If smallpox were rampant in our area there would be a national emergency until it was brought under control. Heroin use in our community needs a similar response.

There will always be criminals and there will continue to be heroin addicts. But we believe that the problem here can be brought under control. In this report we outline our recommendations for action.

People growing up in the coalfields lack the sense of identity afforded to their parents and grandparents who were part of a stable and prosperous mining industry. The strongest substance used in these communities was beer, and stable employment allowed most a good standard of living.

In these communities, with their low educational and employment aspirations, there is a need to escape. Heroin is a drug associated with the need to "get away from it all". In the 1990s, the use

of heroin by those who felt alienated in society was presented as a mainstream view in the British film Trainspotting. Mining villages are Trainspotting without the glamour.

Heroin addiction is a national problem, but it is particularly acute in the coalfields. Low aspirations and a desire to escape, without having the means or confidence to do so leads to a life of addiction to a drug that offers a way out. These experiences never appear in national statistics, and the abuse of heroin and its resulting crime is something that is not being addressed, but brushed under the carpet.

This is going to change.

Our public inquiry was held between 16<sup>th</sup> and 18<sup>th</sup> of September in Bassetlaw, and the scale of the problem in the coalfields was confronted for the first time. In this document we recommend about the best way to deal with it.

The voice of the coalfields has not been heard. Now it must be.

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## 1. STRENGTHENING COMMUNITIES

The community in Bassetlaw is determined to beat the plague of heroin and drug use that is hitting hard at its heart. We estimate that one in three households have been directly affected - the majority through burglaries - but many through the heroin addiction of a family member. In terms of the wasted opportunities, costs of criminal justice and healthcare the closure of shops and through the overall loss in confidence in personal safety and security, we are all directly affected.

Since the closure of the pits, parts of our community has developed inner-city scale problems yet we do not have city resources to deal with them. Many of our oldest communities, the former mining villages, were traditionally our strongest and most closely-knit. These communities have been fractured by the pit closures. From these wounds, the scourge of heroin has emerged.

Having heard from every sector of society and each corner of the community, we believe that only a policy of zero tolerance of drugs and crime will overcome this blight.

We believe that a series of obvious changes would immediately have an impact in stopping the spread of heroin through our community. These proposals are detailed in our report.

We do not believe that drugs can ever be eliminated from our society, but we believe that this area has the resolve to make drugs use a small and manageable problem - as it used to be.

In this report we make recommendations to national government for local delivery, which we believe will make a major difference. Some of these are easy to implement; others challenge current policy and practice at its very heart. Some challenge the attitude and approach within our own community.

We are confident that the resolve of our community will win through. Few other communities would have had the courage to look at the problem as honestly as ours has done in recent weeks. We are a strong and proud community and we will restore that pride and confidence amongst our young people.

## 2. CHALLENGING ATTITUDES

### Quantifying the problem

Quantifying the scale of the problem of heroin use in Bassetlaw is difficult for two reasons. Firstly, national statistics and studies have been conducted into heroin misuse in the cities, but no one has conducted similar reports into the problem in more remote communities. We have been astonished to find that there are no statistics on the scale of the problem in coalfield communities. Secondly, such statistics do not take into account all the costs of heroin abuse; cost of lives lost, families broken apart, costs to shopkeepers, to criminal justice and most of all the cost of crime.

From evidence presented to us at the inquiry, we were able to conclude that the problem here is as great as in any inner city, yet we do not have the infrastructure or resources available to cities to tackle the problem. Our situation, in terms of the scale of the problem and the means by which to deal with it, is far worse than in the cities.

We would not be surprised to find other communities - such as fishing and steel communities – are facing similar problems. There may also be intense localised problems in some agricultural communities.

We do not accept the argument that heroin addiction is hard to quantify and we do not, even after our inquiry, understand the reluctance of some to do so.

We recommend that urgent research be carried out in coalfield communities to quantify the scale of the problem of heroin use, access to facilities and resources to fight it (recommendation 1).

### Accountability

The drugs service should be no less accountable to its client group and the local community than any other sector of the health service or the criminal justice service. However, the ad hoc development of drugs services presents difficulties in terms of how service provision can be audited and held to account.

There are Government targets that have been adopted by the Drug and Alcohol Action Team (DAAT). However, the base line assumptions of the problem are supplied upwards by the DAAT. Without independent research, the problem can be easily understated.

One avenue worth exploring is a study combining treatment statistics with criminal justice statistics. Significant numbers of heroin users commit crimes and more often than not will pass through the criminal justice system. A cross analysis of these two will offer a valuable source of data.

Target setting, reviews and inter-agency coherence need to be local as well as national obligations.

We recommend that the DAAT set annual targets for Bassetlaw, with regular reviews to assess successes and failures (2).

## Openness

We are struck by the extraordinary number of professionals in the field prepared to speak out in private about the weaknesses of local drugs provision, but are reluctant to do so in public. There is a culture of consensual agreement being built, which at its best is excellent, at its worst dangerous and prohibitive to best practice.

This culture allows organisations or individuals not delivering to find shelter in partnership working. The plethora of funding sources and the inter-dependence on funding streams makes this problem more acute.

Put bluntly, some would not speak out because they feared their future funding might be affected.

## Partnership working

There is a balance to be reached between effective partnership working and detrimentally consensual relationships.

We are stunned at some of the agenda items for decision on the part of the Drugs Reference Group (DRG), allocating £100 or £200 for minor matters. To put this in context, this is below the average cost in crime of one heroin user in a single day.

Many of those giving evidence stressed how well this partnership is working; yet neither the Manton clinic, nor a base for other drugs agencies has materialised. We do not accept that this is good partnership practice.

Specifically, we believe that representatives of some influential bodies do not have the authority to speak and act on behalf of their sponsoring body. This is often masked by their personal drive, enthusiasm and commitment. Without genuine delegated authority, the Drugs Reference Group and to some extent the DAAT, becomes a discussion forum not a strategic decision-maker.

Given the remit and funding of the DAAT, this issue does not appear to be surfacing. This is a criticism of the internal strategic decision making of external bodies, notably local government.

Those on the DAAT and the DRG must have sufficient authority delegated to them.

We also note that many drugs workers attend the Drugs Reference Group and presumably their own internal team meetings. This does not appear to us to be a model of highly efficient working. A horse designed by committee can end up as a camel.

We believe that a seamless multi-agency approach is crucial in tackling the problems that we face.

## Drug education

We find DARE to be effective in primary schools. We see an important priority for the funding of parental education through the current DARE approach for primary school parents.

We recommend that a pilot in Bassetlaw should be funded to develop an effective approach to parental education about drugs (3).

We are aware of other education policies and initiatives used in our area, but in order to be effective these require consistency and continuity of delivery. Drugs education needs to be seen as a specialist role, not a soft option taught by a variety of teachers.

We were shocked by the view of most secondary school sixth-formers that they had received no recognisable anti-drugs education. It is clear that the local provision differs significantly.

We recommend that the lack of a local provision of drugs education be addressed immediately by secondary heads and governors, with quantified changes by the year-end (4).

We recommend changes in the guidelines to the national curriculum, to give drugs education a higher and more clearly defined priority and that follows good practice (5).

### 3. TREATMENT SERVICES

The treatment service offered to heroin users is inconsistent. The recommended model of a seamless treatment service is not being provided in our community. We find strong evidence of differing philosophies between the drug treatment service and other professionals.

The menu of treatment services provided is illusory. There is a strong preference for community-based treatment. We cannot comment on which treatments are most effective, but we note that both the Drugs Prevention Advisory Service (DPAS) and the National Treatment Agency (NTA) stated that residential rehabilitation is successful for some individuals. Despite claims to the contrary, we found a strong bias against residential rehabilitation by those involved in treatment service provision.

Either this position should be the official stated policy, in which case users and their families should be informed, or there should be far more opportunity for this form of treatment to be an available option.

We were concerned at the lack of transparency in the decision-making process surrounding the assessment of heroin users for treatment, and the absence of any real appeal process to challenge such decisions. Patient rights are important and an open assessment procedure is essential to maintain confidence in the service.

The concept of heroin addicts presenting themselves for treatment sits uncomfortably with the perceived wisdom that they must show consistent determination of their intent to stop using. We have received no satisfactory benchmark for how this intent is determined and our evidence suggests it can be somewhat arbitrarily applied.

#### The Maltings

The Maltings is a package of six treatment and support services commissioned by the DAAT. The Maltings works from a base in Mansfield, some 17 miles from Worksop. Most heroin users and their families equate the name Maltings with the drug treatment service based from there.

The Maltings received sustained and often vitriolic complaints from users and their families. The voluntary sector and others echoed these complaints. We accept the validity of the complaints made, but many of them should in fact be directed elsewhere.

Users, their families, and the voluntary sector were highly critical of the Maltings waiting times. More worryingly, we found that the Maltings has lost the confidence of its current service users and potential users. Heroin users from our community are not contacting the Maltings because of its reputation for delay and poor responsiveness.

The Maltings suffers from being perceived as distant. The five non-treatment services received plaudits, not criticism.

Incredibly, at the end of the inquiry we had a young woman whose case demonstrates the situation of which we were repeatedly told. In no other part of the NHS would such an unresponsive approach be acceptable today. The very worst practices of aloof hospital consultants and unapproachable GPs are mirrored by the way in which many clients see the Maltings.

We have no doubt that the staff are highly dedicated, but their work is impaired by an acute lack of resources and by the culture of the service delivery that they work within.

We outline our concerns about treatment elsewhere. As a provider, we do not believe these criticisms are the sole responsibility of the Maltings. Indeed, we recommend additional staff resources for the treatment services as a top priority.

We have seven specific recommendations for the drugs treatment service:

- a) The service must have a base in the Worksop area immediately. We find the excuses from the many agencies involved quite unacceptable. To be unable to find premises in three years is in itself a symptom of a deeper problem in partnership working. No one accepts responsibility for this farce. We believe that suitable premises can be found (6).
- b) A Worksop based service must have a new name and identity to help rebuild confidence in it (7).
- c) The service must have a seven-day, 24-hour on-duty support available for telephone advice and counselling. We have no view on whether this service could be a shared service with other providers (8).
- d) There must be a quantified standard set and maintained for the answering, logging and returning of telephone calls (9).
- e) The service needs to honestly quantify its waiting list time to partners, funders and users (10).
- f) There must be an agreed care plan for all patients arranged in co-operation with other agencies (11).
- g) Users need to get into treatment without delay (12).

#### Additional resources

In our view, the Maltings drug treatment service is under funded. To only have a part-time consultant and such a waiting list is quite unacceptable. We also find the funding streams irrational. Short fixed-term contracts will neither motivate nor attract the calibre of workers required in this difficult field. Locally and nationally, this ad hoc approach must change quickly.

We believe that a properly resourced drug treatment service which responds immediately to client needs, will make a considerable difference to the heroin problem in Bassetlaw.

### Assessment procedures

We heard conflicting evidence about whether one individual or a multi-agency team makes assessment decisions. This disparity is in itself a cause for concern. Good assessment procedures and access to a diverse range of treatments are essential. Each individual will have slightly different needs. To maintain motivation, rapid access to treatment and intervention at every stage is essential.

We believe that close inter-agency co-operation, rather than one individual assessor, is essential for a robust treatment service. Clients have a right to expect the best assessment procedures and care management. We reject any notion of a user having treatment options restricted by the narrow focus one individual assessor. The system must have safeguards built into it to ensure that this never happens.

We are concerned that there is a rigid focus on one model of community rehabilitation to the exclusion of other treatment options. This is an unacceptable practice.

We reject the concept that users have to prove their motivation in order to be treated. This, in our view, contradicts national best practice, and we are concerned at how many examples of this we have received.

### The new health clinic

The Newgate Health Centre's proposed clinic is part of a new health centre that would include a facility for drug treatment. The clinic is only one small part of the health centre and should be seen as the start of the process of integrating drugs treatment into mainstream NHS facilities in Bassetlaw. We believe that this model of shared working has the best likelihood of success in our community.

We recommend that the new clinic and health centre proceed without delay (13).

### Residential rehabilitation

We have been surprised at the unwillingness to discuss residential rehabilitation. The National Treatment Agency told us that it works for some people, yet it is virtually unused in this area. Nobody has convinced us that this option is available to people here.

We recommend that residential rehabilitation should be part of a menu of treatment options available within Bassetlaw (14).

## Implants

We profess no medical expertise. We were presented with evidence about the use of implants to act as blockers for addicts trying to come off heroin. Both privately, in Meden Vale, and in Sheffield through a GP, local provision is available.

Our evidence leads us to believe that many local heroin users will be tempted to use implants in the near future.

We recommend that the DAAT and the NTA give a high priority to evaluating the effectiveness of implants and providing guidance to local people (15).

## Aftercare

One of the issues most frequently raised was the continuity and intensiveness of support to those coming off heroin. Whether from treatment, voluntary abstinence or forced abstinence in prison, users have repeatedly told us of the importance of after care. The popularity of Sorted is partly explained by its after care service. Yet the Maltings are not routinely referring clients to all partner agencies.

In our view, the option of planned individual and group after care and support is essential. The need for good mentoring, embracing churches and the voluntary sector, is obvious. Intervention in maintaining a drug free condition is a top priority of several other drugs treatment services in the country. It should be here.

We were given evidence of teamwork in shoplifting. As heroin users have a very limited circle of friends and associates, the role of teamwork in aftercare is very important. We applaud initiatives such as the Sorted football teams and wish to see them expanded.

## General Practitioners

The number of GPs trained in specialist drugs treatment in Bassetlaw is below the county average of 20%, which is in turn below the national target of 30%. Local GP practices have a public and ethical duty to have a specialism in drug addiction.

We are shocked to find the variations in GP knowledge and expertise that exists locally. Drug awareness training is also vital for nursing staff and receptionists.

The lack of a localised drug treatment service begs the question of whether GPs should fill the vacuum. National government needs to look at whether a GP led treatment service is preferable in communities like ours.

We recommend that consideration needs to be given, by Health Trusts and national government, to better integration of GP services into drugs treatment and whether Primary Care Trust management of drug treatment budgets would be preferable (16).

We do not profess a view on whether GPs should prescribe methadone or other substances. What is crucial is that treatment services in Bassetlaw are comprehensive and seamless.

The Government needs to enforce its targets effectively and ensure that communities like ours are at the top of the list, not near the bottom.

We recommend that every GP practice be required to have a fully trained partner who is a specialist on drug treatment (17).

### Needle exchanges

The two day per week needle exchange is the most successful and best used service provided to users. The more needles can be disposed of safely the better.

We are concerned that it requires the voluntary sector to offer a home to the exchange and that the outlying villages are not effectively covered.

Whilst clean needles are easily available, we are concerned that there is insufficient pressure placed on the safe disposal of used needles. Many users are clearly disposing of needles without care, including in areas where children play.

We recommend that more needle exchanges be introduced, with a clear requirement to safely dispose of used needles (18).

Bassetlaw District Council has a comprehensive policy in terms of collecting discarded needles safely.

We recommend that the council needle collection and disposal service be guaranteed, particularly at evenings and weekends and be far better publicised (19).

### Specialist services

We approve of the development of specialist services, such as those for women drug users, which are essential to improving the local situation. This area of work has received notable positive praise from users and other support agencies. Sorted was equally popular, despite its poor resources. Hetty's was universally well respected amongst those who have used the service, which include a significant number of local families. We believe that the voice of these services needs to be heard more often when determining treatment priorities and systems.

We would like to see these services expanded.

## Mainstream funding

Drugs treatment services are seen as an add-on extra to health provision, not as essential. There is no NHS national service framework for treating heroin addicts.

With a clear national shortage of qualified staff, which government must address immediately, the use of short-term contracts hardly encourages service development and staff morale.

We were struck by the lack of drugs training at Bassetlaw Hospital, the short term working accommodation of the Maltings and the need for a charity to provide a base for the needle exchange.

Bassetlaw needs to develop a coherent approach to tackling drug abuse in the community. It is clear from their evidence that the current approach is patchy and ad-hoc. The issue of drug addiction is undetectable in the new Annual Reports of both the Hospital and the Bassetlaw Primary Care Trust.

This is neither a serious nor a coherent way in which to treat this scourge of our community.

We recommend to government and the Health Trusts that drugs treatment workers be mainstream funded, with permanent contracts and local working conditions suitable for the 21<sup>st</sup> Century not the late 19<sup>th</sup> Century (20).

## Confusion over services

There are more organisations, methods of funding, bidding rounds and acronyms than anyone could imagine. It has taken the panel substantial research and analysis to understand. This is not acceptable. There needs to be clearer communication, fewer organisations competing for publicity and far more mainstream funding.

With funding from so many sources and the various agencies not working well together, organisations are too easily able to avoid taking responsibility. The identifiable and enabling role of Macmillan nurses in the care of cancer patients contrasts starkly with the confusion over drug treatment services.

## Schools and drugs

We were pleasantly surprised at the consistent view of school and college students that there were few drugs going into schools or the local college, and that tales of drug dealers outside the school gate is something of a myth. However, most students knew how to get drugs outside school, which demonstrates their easy availability. We note, with great concern, the extensive use of cannabis in this area by teenagers.

The debate on cannabis is irrelevant to our area, aside from the mixed message its reclassification has sent to the public.

Experimentation with cigarettes and alcohol, glue and gas, then with cannabis and other controlled drugs is a common path for heroin addicts.

We were repeatedly told that users who could control cannabis use believed that could also control heroin use. They realise now that they were wrong.

## 4. RAISING ASPIRATIONS

### Schools as a beacon of excellence

The campaign to build eight new secondary schools across Bassetlaw is vital. This must happen and these new schools must be part of a new ethos of community schools that are open to the community on evenings and weekends throughout the year. The design of these new schools needs to be such that community access to facilities is easy and comprehensive.

We are convinced of the need for structure, boundaries and discipline in the lives of young people. One small but powerful message is for all schools to have a compulsory school uniform. School is a place of learning, not extended and free childcare for de-motivated parents, and needs to be seen as such.

Children within primary schools are learning to be citizens with rights and responsibilities. Pride in, and identity with, their school is part of this learning process.

We recommend that every school in Bassetlaw have a compulsory school uniform (21).

### Community schools

Community regeneration money is spread thinly across communities with many 'projects' competing within these communities. Such projects are usually short term in nature. We don't want projects, we want changes.

Communities are encouraged to bid and compete for money, leading to reliance on external form fillers rather than the development of community leaders.

Schools must be the heart of the community, not 9-5, term time only facilities. In villages such as Langold, Manton, and Rhodesia the school should be the focal point of the village. New initiatives, new funding, Coalfield Regeneration money and community organisations should be based at the school. The school should become a 7-day, 24-hour resource and be the beating heart of its community.

We recommend that each school set a target of at least 50 per cent of the local community entering through the school door each year (22).

### Children of heroin addicts

Nobody can quantify the number of children whose parents are heroin addicts. Some will be on the child protection register; others live with grandparents or are adopted. It is even harder to count the number of those who are living in a household with at least one heroin user. These children will tend to be living in particular villages and streets.

The impact on SureStart and primary schools is profound. But nobody is volunteering to label their nursery or school in this way.

We understand this dilemma, but there is a clear policy consequence.

A child living with a heroin addict parent will be more susceptible to social and educational problems. High aspirations and such lifestyles do not go together. Before we create a new generation of even younger heroin addicts, direct intervention is necessary.

We recommend that DATS and Local Education Authorities be charged with quantifying the level of domestic heroin use affecting children in primary schools (23).

## Employment

For differing and understandable reasons, the largest employers are unwilling to take on heroin addicts or ex-addicts with a criminal record. This places additional, and usually difficult, pressures on the Employment Service and its Progress 2 Work initiative.

We believe that there is a role for experienced voluntary sector organisations including the Prince's Trust.

We believe that employment opportunities are critical to rehabilitation and to controlling and beating heroin. We welcome the introduction of Progress 2 Work in this area and would like to see its capacity develop further. Bassetlaw is the top priority for this programme, which has capacity for 125 people this year.

We recommend that the Progress 2 Work pathfinder project be expanded in Worksop (24).

We are frustrated with the slow progress over the development of the Manton pit site. This needs to become a major employment site. As a symbol of neglect, this contrasts with the success of Manton Wood.

We note however the negativity of comment about 'sandwich' factories, which must be addressed in schools. Many heroin users referred inaccurately to this as their potential job option. This contrasts with the likely previous work of many as miners or clothing workers. Young men were particularly dismissive.

This stereotype is wrong, as is the myth of high unemployment. However, we lack the range of major employers required to provide positive images of employment opportunities.

We recommend that the business community take the lead in creating positive images of the world at work, including in primary schools (25).

## Churches

Alongside schools, the church is a permanent feature of all communities. We believe that the stronger the church the more empowered the community. Yet for many the church has become separated from the mainstream community rather than its heartbeat. Church schools and other church activities should involve themselves at the very centre of their local community, taking the church into the community, rather than taking the community out to the church.

The church has a vital mentoring role, both aspiring young people and directly assisting families fighting heroin addiction. The 24/7 support so frequently requested by addicts creates a challenge for any living church. It also creates opportunity for the church to re-engage the community.

The prison chaplaincy provides a direct link between prisons and their local communities, creating the opportunity for the support in the aftercare of prisoners returning into the local community.

At a national level the Bishops in the House of Lords have a responsibility to inform debate, drawing on their extensive network of community leaders.

We recommend that the Churches develop policy and action plans to assist in tackling drug use (26).

## Role models

We received several pieces of evidence suggesting that drug dealing was seen by a few young teenagers as a role model of wealth and success. As we conducted the public inquiry, television celebrity Michael Barrymore was telling the nation about his use of cocaine. Many actors and musicians have done likewise - glamorising the use of drugs, including heroin.

This coincides with an increasing shortage of fathers as role models, as one parent and other non-nuclear families continue to proliferate. For second generation heroin addicts, the role model can now be a heroin user.

We recommend that the government looks at additional community service orders for public figures glorifying drugs, including work in our communities with those most at risk (27).

We recommend the option of using current and ex-heroin addicts to explain the reality of addiction inside our secondary schools to complement drug education strategy(28).

## Sport and healthy living

The Sporting Chance programme, run by Bassetlaw Council, shows what is possible through sport. This initiative needs to be funded both locally and nationally to become a permanent part of an alternative to the lifestyle choices that often lead to heroin.

Sport and healthy living are vital to all our communities and it is strange that sport does not feature more highly on the agenda of all the agencies working in the drugs arena. A programme of sport and healthy living built into the core activities of all our schools will help prevent the lifestyle choices which are more prone to drug use.

## National community service

The lack of structure and discipline that deteriorates into the chaotic lifestyle of most heroin addicts begins at a young age. The movement of the individual into hard drugs rarely begins before age 16, although some young people and addicts we spoke to suggested 13/14 is a critical time in moving into more serious drug experimentation.

It is at precisely this time that educational and social exclusion bite.

We believe that 14 year olds need a range of options to take them to full adulthood at 18, including work and school education. What we find unacceptable and destructive is the self-exclusion from these options. Young people failing to attend school, anticipating a crime and/or benefit 'career' and getting hooked on drugs should not be an available option.

We applaud moves to strengthen vocational options for 14-18 year old at school and with employers, in traditional areas such as plumbing and woodworking as well as newer areas such as nursing.

There will however, still be some who resist the options offered. Before they fall into a permanently chaotic lifestyle of self-exclusion or expulsion from school, we believe that a new positive choice should be available. A society that allows self-exclusion at such an early age will inevitably see rising chaos and crime caused by such individuals.

Whilst we do not believe that the army needs burdening with people affected in this way, and is a career option in itself, some form of national community service needs to be seriously considered. Breaking the chaotic lifestyle of young drug users should be at the beginning not the end of the cycle of social exclusion.

We recommend that the government explore options of national community service for those excluding themselves from work and education (29).

## 5. INNER CITY PROBLEMS WITHOUT INNER CITY FACILITIES

### Facilities

We do not believe that simply building new facilities for young people is the answer in itself. However, we do believe that this is vital to aspiration levels and pride in the local area. Poor shopping opportunities, a run-down cinema, leisure centres dying on their feet, and sub-standard youth clubs and youth drop-in facilities contribute greatly to a loss of pride and aspiration. This area urgently needs facilities of the very highest standard for the community.

We recommend that the District and County Councils give the highest priority, in partnership as necessary, to provide these facilities in our community (30).

We recommend this as the top priority for capital spending by both councils, with a cinema and new leisure centre as immediate priorities (31).

### Housing

Housing provision is essential to healthy living and to stabilising and breaking heroin addiction. We find the housing policies of Bassetlaw Council, much maligned previously, to be increasingly advanced. The dilemmas over housing heroin users are now carefully thought through.

The one weakness is a lack flexibility in allowing ex-users to re-integrate into the community. However, we believe that the expansion of supported tenancies will do much to fill this gap and it is essential that council policy be delivered into sustained action.

We recommend that the development of supported tenancies be quantified with clear targets, monitoring and reviews (32).

### Mobility

Inability to access support services for users and their families has been highlighted a number of times. The problem is runs deeper than is immediately apparent. Success and leaving the area are equated as the same by many young people. The lack of mobility of the remaining younger community is a factor in heroin treatment plans.

### Shopping

The loss of pride in Worksop Town Centre and some of our village shopping parades is an important issue for the well being of all the community. There are still very good shops available, but the costs of shoplifting, insurance and security hits their viability.

The shopping experience in Worksop needs to be far more pleasant. Young people in particular are being hassled for 'bus fare' from heroin addicts.

Shopkeepers faced with repeated shoplifting and the ever-increasing number of charity shops need support. Why can charity shops get rate relief but small business shops not? The Chancellor of the Exchequer needs to consider this in the next budget.

### Miners' Welfares

Miners Welfares can play a vital role in these communities if they choose to do so. Government, through the Coalfield Regeneration Trust and the Coal Industry Social Welfare Organisation (CISWO) still support such work. This must directly relate to the young in these communities. Miners Welfares have a defined responsibility to the younger generation as part of their charitable status.

We recommend that future government funding for CISWO and the Coalfield Regeneration Trust require that the needs of young people be encompassed in all aspects of their work (33).

### Health and mining communities

Heroin users we spoke to were often dropping out of society's normal activities at a young age. We believe that healthy living is an important aspect of defeating heroin. We are pleased that the Coalfield Communities Campaign is at last looking at this as a priority.

As with other initiatives, any funding for healthy living must be channelled through the permanent institutions of villages and estates, notably primary schools, rather than be distant and temporary fads.

We recommend that the local strategic plan puts anti drugs work at the heart of its priorities, specifically to develop recreation facilities and programmes for healthy living (34).

## 6. THE CRIMINAL JUSTICE SYSTEM

The biggest section of our community blighted by heroin are those individuals whose houses and cars have been broken into. Pensioners are particularly vulnerable, especially those in council bungalows.

Many older people feel under siege through their experiences of crime and the perceived threat of crime. The level of theft and break-ins on private property is directly correlated to the scale of heroin addiction.

Many people wrote to the inquiry demanding stronger action by the courts, particularly on dealers. We agree.

Ironically, we had a number of heroin users who were demanding longer prison sentences for themselves. This was specifically to assist in breaking their addiction.

### Sentencing policy

Justices of the Peace, probation and police all pointed to the futility of fining heroin-addicted criminals who had stolen to feed their habit. The fine will immediately lead to more theft.

Prison is used regularly, but it is an expensive option compared to other forms of treatment. However, the panel does not believe that the problem can be cured by accepting theft and all acquisitive crimes as inevitable. Neither do we believe such crimes should be ignored or downplayed.

The sense of invasion and loss of freedom of the pensioner who has been burgled is no less because the crime is committed by an addict feeding their habit.

Drugs Courts, with magistrates trained in drug treatment issues, would allow heroin addicted offenders to choose between custody or supervised treatment. Our evidence is that the level of intervention needed in such supervision is high. The courts supervising treatment orders, delivered by the health service, seems to us a much better relationship than currently exists between the criminal justice and health services.

We were impressed by the use of Drug Treatment and Testing Orders (DTTOs). In particular we were struck by how popular they are with heroin addicts. This support is due to the high level of intervention of the drug treatment services with the offender. We recognise that the popularity of Drug Treatment and Testing Orders exists due to the near impossibility of an addict being able to embark upon a treatment course which involves a similar level of intervention.

These orders are only available for a handful of offenders - only 10 currently in this area. This is because stringent requirements have to be met before one can be ordered.

We recommend the early introduction of Drugs Courts into Bassetlaw (35).

We recommend that the government make Drug Treatment and Testing Orders much more available to the courts, so that they can be used with many more offenders (36).

### Drug dealers

A majority of submissions from the general public call for drug dealers to be routed out and imprisoned. The panel believes that the identity of local dealers ought to be quite easily established and action taken.

We applaud the additional resources from Communities Against Drugs to assist intelligence policing which targeting dealers. The general public clearly has a role to play in alerting police to the presence of local dealers.

We support the new legislation to seize drug dealers' assets and want to see the Inland Revenue and VAT inspectors investigating suspected dealers.

The police need a better system of handling information on drugs received from the general public. People giving evidence to the panel have often been unclear who to approach with information and Worksop Police Station has been inconsistent in terms of how it deals with such information. The public needs to see the police responding to information provided on drug dealing and provided with clear results from the Communities Against Drugs initiative.

We recommend that the names and faces of convicted drug dealers should be made available to the community and the media (37).

### Stolen goods

The level of theft reported by the police is £70-80,000 per heroin addict per year. Some are funded through work, parents and dealing, but this still leaves an incredible amount who fund their habit through the proceeds of crime.

With each crime comes additional stress, inconvenience, loss and fear for the victim of crime. We have received evidence of shops being forced out of business and out of the town centre because of shoplifting.

The goods stolen are sold on, at a police estimate of one-fifth their value. Nobody buying stolen goods can be unaware by what means they have been procured. If heroin is to start disappearing from our streets, it will only do so when the community is prepared to stop buying stolen goods, and is prepared to report the salesmen.

We recommend a public campaign, led by the police, to highlight the consequences of buying stolen goods (38).

## Crack cocaine

Crack cocaine has been rarely used in this area. The evidence we received indicated that the result of an increase in crack cocaine addiction would be a corresponding increase in violent crime. As crack spreads through the inner cities, this makes us even more determined to get on top of the drugs situation here.

## Cannabis

The inquiry didn't set out to look at cannabis use. However, heroin addict after addict raised it with us. Virtually every heroin user who we spoke to, had used cannabis at an earlier stage. We were astonished at the consistent message from addicts that cannabis is a danger to our community. The comparison often made was that the experience of taking heroin was like taking cannabis but with much more strength. Many users told us that they had felt that they could control heroin use because they could control cannabis use.

This was not a message any of us expected.

The group of young people most at risk from drugs, in our community, is being sent a mixed message. We believe that the dangers of cannabis use need to be strongly restated.

## Prison

The treatment of heroin addicts in prisons is clearly improving, but varies between institutions. We heard of many different experiences from users who had served sentences.

Some prisons are relatively drug free. Users indicate that this varies between institutions, as does the systems of treatment.

After care of offenders on leaving prison is a high priority. The treatment gap here is obvious yet ignored. Most of the heroin deaths that we have been informed of are due to an overdose administered immediately after leaving prison.

Significantly, the success of drug treatment in prison, which is highly regarded by some offenders, is negated by the lack of an aftercare service in the community, and also the temptations and peer pressure consequent upon being re-united with friends still using drugs.

Everybody who gave evidence about this recognised the likelihood of re-addiction, re-offending, and possible re-imprisonment.

No situation demonstrates better the vicious circle of heroin addiction and crime.

We recommend that there should be national minimum standards on the treatment of drugs in prison and the aftercare treatment of drug addicted offenders (39).

## 7. THE REAL COSTS OF HEROIN

This year nearly £4,000 million will be spent on fighting drugs. An extra £300 million is going on Communities Against Drugs. Incredibly, the drugs service in our area remains poorly funded with major gaps in provision.

We applaud the strong action taken by the government on drugs. Our recommendations will help deliver this message on the ground within our community.

We have highlighted changes needed to get better value for money out of the current system. However, re-allocating small amounts of money to critical gaps in provision would make a major difference.

The Audit Commission states that £738 million goes on drug user social security benefits; £177 million goes on legal aid for drug addicted criminals; £1,923 million goes on the policing and imprisoning of drug addicted offenders.

Our estimate, from the police evidence given, is that at a very minimum £20 million of goods are being stolen from our community every year by heroin addicts. The actual amount is almost certainly much higher. None of this includes the emotional and economic cost of families torn apart, and of the victims of crime.

In our own community, we are all major victims of heroin, through the resources that should be better spent elsewhere, the decline of our shopping centres, and the fear of crime. The £100 million spent on treatment nationally shrinks into insignificance when compared with this.

The evidence is clear, from the government itself. Treatment can work. Research suggests a £3 saving for every £1 spent. In this area the saving will be many times greater. The reductions in crime, predicted by the Audit Commission, of a 67 per cent reduction in shoplifting and a 77 per cent reduction in burglary would transform the local situation.

Our highest priority is a seamless service with no treatment gaps.

We demand immediate action on many of our recommendations and considered thought followed by action on the rest.

We demand zero tolerance of heroin and all other illicit drugs.

## 8. THE NEXT STEPS

This report will be sent to every MP and presented to appropriate Government Ministers.

A copy will be sent to all organisations and individuals that submitted verbal or written evidence to the inquiry.

A meeting will be sought with all local organisations commented on in the report.

A review will be held within six months to review progress on each of the 39 recommendations

## 9. EVIDENCE AND REFERENCES

A full document of the panel's evidence is available in each Bassetlaw library and from John Mann MP. This document also has a detailed reference guide to other documentation looked at as part of this enquiry.

This document also contains detail of the three day public inquiry held on 16-18 September 2002 at Worksop Town Hall. Many case studies are included in this documentation.

Those serving on the inquiry panel were:

John Mann	Member of Parliament for Bassetlaw
Josie Potts	Grandmother from Manton village
Shirley Hoyland	Town Centre businesswoman
Tracy Powell	Deputy Editor of the Worksop Guardian
Roy Bennett	Chaplain of Bassetlaw Hospital
Simon Greaves	Youngest District councillor

The inquiry team, in publishing its findings has agreed to continue maintaining confidence where requested.

The researchers for this report are Sadie Smith and Craig MacDonald.

Whilst the report is the agreed conclusions of the panel, any errors and omissions are solely the responsibility of John Mann MP.

The report and appendices are available on the web at [www.johnmannmp.co.uk](http://www.johnmannmp.co.uk)

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## 10. ACKNOWLEDGEMENTS

The inquiry team would like to thank:

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